



CheckMark, Inc.
323 W Drake Rd, Ste. 100
Fort Collins, CO 80526
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Email: payrollservices@checkmark.com

Credit Card Authorization Form

| | | | | |
|-------------------------|----------------|------------|------------------------------|---------------------------------|
| Employer / Client _____ | Client # _____ | Date _____ | <input type="checkbox"/> New | <input type="checkbox"/> Change |
|-------------------------|----------------|------------|------------------------------|---------------------------------|

Company Name: _____

Client #: _____

Cardholder Name: _____

Billing Address of Credit Card: _____

Credit Card Type: Visa Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Amount to be charged: Per Payroll Charges

Amount to be applied to: Per Payroll Charges

I authorize CheckMark, Inc to charge the above credit card in the amount shown above.

Printed Name

Signature

Date